MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08047

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville, Rural
LENGTH OF STAY (in this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	M.	Agens	Aug.	28,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	widow	April 5, 1865	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Evansville, Indiana	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry P. Horner	Johanna W. Raker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Edward S. Agens, Fallston, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insufficiency	6 mos
422.1 4th	(c) Arteriosclerotic C-V Disease	-

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 19, 1951, to Aug 28, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 11 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph A. Hunt M.D. Delta, Pa. Aug. 30 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-31-1951	Fellowship cemetery	Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/51	Priscilla Fouword	Hubert P. Harkins	Delta, Penna.

RECEIVED
SEP 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08048

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Cross Rd Baldwin Md
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin Md.
STREET ADDRESS (If rural, give location) Upper Cross Rds

3. NAME OF DECEASED (Type or Print): (First) Vivian (Middle) B. (Last) Blankenship

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1951

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH July 21-1950 | 9. AGE last birthday 1 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Harford Co Md. | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Vivian G. Blankenship | 14. MOTHER'S MAIDEN NAME Francis M. Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Vivian G Blankenship Upper Cross Rds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ? septicemia — INTERVAL BETWEEN ONSET AND DEATH 7 da

609X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Urinary tract infection

136.b (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that ± a doctor on our staff attended the deceased from 11 AUGUST, 1951, to 14 AUGUST, 1951, that I last saw the deceased alive on 14 AUGUST, 1951, and that death occurred at 7:00 P.M. ON 15 AUGUST 51 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Henry M. Seidel, M. D. | The Johns Hopkins Hospital | 16 AUGUST 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF aug 17-51 | NAME OF CEMETERY OR CREMATORY St. John's | LOCATION (City, town, or county) Longview (State) Md.

DATE REC'D BY LOCAL REG. 8/16/51 | REGISTRAR'S SIGNATURE Priscilla Norwood | 24. FUNERAL DIRECTOR C. E. Cottrell | ADDRESS Fork Md.

RECEIVED
AUG 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 08049

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. Give correct age. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. This is especially important.

VS. 415

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 106 So. Court Street

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) McNay (Last) Blatchley, Jr.
4. DATE OF DEATH: (Month) August (Day) 30, (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 25 August 51
9. AGE last birthday: yrs. | If under 1 year: Months | Days 6 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Donald McNay Blatchley
14. MOTHER'S MAIDEN NAME: Helen Wood Owen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Donald M. Blatchley, 1st Lt., MC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

763.5 Immediate cause (a) Aspiration Pneumonia — 8 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 6 days

159 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 August 19 51, to 30 August 1951, that I last saw the deceased alive on 30 August, 19 51, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emanuel D. Brodsky
Emanuel D. Brodsky, 1st Lt., MC, 2151-1 US Army Hospital, APG, Md. 30 August 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 1, 1951 | NAME OF CEMETERY OR CREMATORY: Bebout & Barnhill | LOCATION (City, town, or county): Washington (State): Pa

DATE REC'D BY LOCAL REG.: Sept 6 - 51 | REGISTRAR'S SIGNATURE: Nellie G. Terry

24. FUNERAL DIRECTOR: Howard R. McComas & Son ADDRESS: Abingdon Md

9V8251 99V94V

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SEP 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08050

CERTIFICATE OF DEATH

Reg. Dist. No. 18-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH
COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) D. C. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Havre de Grace Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ronald (Middle) David (Last) Bowman

4. DATE OF DEATH (Month) Aug. (Day) 31. (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 6 1951

9. AGE last birthday yrs. If under 1 year (Months) (Days) 25 If under 24 hrs. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Harford County

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Davis Bowman

14. MOTHER'S MAIDEN NAME Jean Walls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mr. Davis Bowman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death 6 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830a (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE Ronald C Palmer M.D. (Degree or title) ADDRESS Bel Air Md DATE SIGNED 9/1/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 2 1951 — NAME OF CEMETERY OR CREMATORY Freewill Baptist Church yard — LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Sept. 1- 1951 — REGISTRAR'S SIGNATURE C. F. Lewis M. D. — 24. FUNERAL DIRECTOR C. Madison Mitchell — ADDRESS Havre de Grace Md.

112061213402

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SEP 4 1951
BUREAU V. S.

08051

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Harford; US Army Hospital Md. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Aberdeen Proving Grounds, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Virginia	Ray	Brown	August	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	18 March 1910	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bemis West Virginia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E.R.Frederick	Norah Fenno

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Mr Elvers Brown, Qtrs 207, APG, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute Hemorrhagic Pancreatitis	10 days
587.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 128 (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
27 July 1951	Hemorrhagic Pancreatitis	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 27 July, 1951, to 3 Aug, 1951, that I last saw the deceased alive on 3 Aug, 1951, and that death occurred at 11.12 P m., from the causes and on the date stated above.

SIGNATURE Duane S. Monnie Capt MC (Degree or title) ADDRESS USAH APG Md. DATE SIGNED 3 August 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 5th 51	Bakers Cemetery	aberdeen maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 5 - 51	Millie Kelly Perry	Henry Tarring & Sons aberdeen Md.	

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: [redacted] Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) D. (Last) Clark
4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 15-1871
9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Section Worker
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John D. Clark
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John H. Clark - 2413 Woodbrook Ave Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a).....

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).....

94a (c) Heart Coronary Occlusion.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jos O Hodous M.D Acting Deputy Coroner — Edgewood Md — 8-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 18th 1951 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery | LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG.: 8-18-51 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Henry Farring & Sons | ADDRESS: Aberdeen Md.

6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18053

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Neva	Coleman	Aug.	2	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 26-1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR [illegible]	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook Keeper	Gen. merchandise store	Shane Md.	U.S.A.

13. FATHER'S NAME: Daniel Buddy Waters

14. MOTHER'S MAIDEN NAME: Mary A. Marstellar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: H. Burton Waters 2901 Oak Crest Belt 17 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval between onset and death: 30 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Cardio-Vascular disease

(c)

420.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar ....., 1945., to Aug 2 ....., 1951., that I last saw the deceased alive on July 29 ....., 1951, and that death occurred at 4:00 a. m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D (Degree or title) ADDRESS: Forest Hill DATE SIGNED: 8/2/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 4-1951	Centre	Forest Hill

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/3/51	Priscilla Linwood	Henry Taning Sons	Aberdeen Md

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68054

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural.
STREET ADDRESS (If rural, give location) Short Lane

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E. (Last) Dellurn
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 8, 1866
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thompson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. James T. McDowell - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure — Terminal
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart Failure — 1 week
(c) Arteriosclerosis — 5 yr.

450.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1951, to 8-22, 1951, that I last saw the deceased alive on 8-22, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.
SIGNATURE: [signature] M.D. (Degree or title) ADDRESS: Aberdeen, Md. DATE SIGNED 8-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 24. 1951 — NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — LOCATION (City, town, or county) (State): Aberdeen, R.D. Maryland
DATE REC'D BY LOCAL REG.: Aug. 25 - 1951 — REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Henry Farring & Sons. — ADDRESS: Aberdeen Maryland.

VS. A-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. No 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace R.D. No 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Oscina	Monahon	Aug.	3	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Jan. 8 1863	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House work	At Home	Harford Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Beers Walker	Annie Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		No	Miss Mayfield Walker Havre de Grace R.D. No 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ✓	
422.1 932	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 16, 1948, to Aug 3, 1957, that I last saw the deceased alive on Aug 2, 1957, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) F. P. Snodgrass M.D. ADDRESS Darlington Md DATE SIGNED 8/4/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 6, 1957	Kerlyan Chapel	Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 4 '57	Bertha B. Knight	H. B. Bailey	

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. Type or print age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

RECEIVED
AUG 13 1951
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Pr. Gd., Md. — LENGTH OF STAY (in this place) 9 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U. S. Army Hospital Aberdeen Proving Gd., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground, Md.
STREET ADDRESS (If rural, give location) P.O.Q. "H"

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Dougherty
4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Cau.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 23 May 1896
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance man
10b. KIND OF BUSINESS OR INDUSTRY: Army
11. BIRTHPLACE (State or foreign country): Downingtown, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael Dougherty
14. MOTHER'S MAIDEN NAME: Agnes Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: 197-10-5494
17. INFORMANT AND ADDRESS: From personal papers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a) Hemorrhage	due to	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Esophageal Varices	due to	Unknown
581.0 1.4	(c) Portal Arthosis of Liver		Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1430 19 Aug., 1951, to 1822 19 Aug., 1951, that I last saw the deceased alive on 19 Aug., 1951, and that death occurred at 1822 hrs. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert L. Rogers 1st Lt. M.C. ADDRESS Hq. Co. Maryland-2151-1 USArmy Hosp. DATE SIGNED 8/23/51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 8/23/51 — NAME OF CEMETERY OR CREMATORY Proving Ground — LOCATION (City, town, or county) Aberdeen, Md. (State)

DATE REC'D BY LOCAL REG. Aug. 22-1951 — REGISTRAR'S SIGNATURE A. L. Lewis m. D. — 24. FUNERAL DIRECTOR Cunningham Bros. — ADDRESS

VS (AH-7)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

4057

Reg. Dist. No. 182

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green
LENGTH OF STAY (In this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carter; (Middle) J; (Last) EDWARDS

4. DATE OF DEATH: (Month) August; (Day) 9th; (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct 17 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Sparta N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carter Edwards

14. MOTHER'S MAIDEN NAME: Jane Choate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Clay Edwards Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	3 weeks
332X	(c) Recurrent Cerebral Thrombosis	11 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Advanced Age (77 yrs)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.14 1951, to 8.8 1951, that I last saw the deceased alive on 8.8 1951, and that death occurred at 0154 m., from the causes and on the date stated above.

SIGNATURE: A. Sandecki, M.D. (Degree or title)

Alexander Sandecki, M. D.
15 Courtland St., Bel Air, Md.
Phone 88

DATE SIGNED: 8.9.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 11 51

NAME OF CEMETERY OR CREMATORY: Union Cemetery

LOCATION (City, town, or county) (State): White Hall N.C

DATE REC'D BY LOCAL REG. 8/9/51

REGISTRAR'S SIGNATURE: Priscilla Fourwood

24. FUNERAL DIRECTOR: Joseph I Foster

ADDRESS: Bel Air Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. 415A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stout; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stout; STREET ADDRESS (If rural, give location) R.D. 2

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Galbreath

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19 51

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: (Month) Aug 14 (Day) 18 (Year) 98

9. AGE Last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER

11. BIRTHPLACE (State or foreign country): STREET, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: Luther McCurdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): Canadian Army

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Lou Galbreath

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED White at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 8/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 13 1951 NAME OF CEMETERY OR CREMATORY Darlington LOCATION (City, town, or county) Darlington Md (State)

DATE RECD BY LOCAL REG. 8/11/51 REGISTRAR'S SIGNATURE Priscilla Fowler

24. FUNERAL DIRECTOR Tracy Pett Jr Son Dub ADDRESS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08059

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (If in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 666 Green St.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) BERTHA (Last) Holcomb

4. DATE OF DEATH: Month 8 Day 31 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-2-84

9. AGE: 67 Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Patrick Harley

14. MOTHER'S MAIDEN NAME: Sarah Donahue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
If yes, give war or dates of service:

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Ethel A. White, 666 Green St. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval between onset and death: 7 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
420.1 93d
(b) Hypertensive Heart disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 12:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel D. Dolce M.D. ADDRESS: Havre de Grace DATE SIGNED: Sept 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Sept. 1, 1951
NAME OF CEMETERY OR CREMATORY: ?
LOCATION (City, town, or county): Pittsburg (State): Pa.

DATE REC'D BY LOCAL REG.: Sept. 1. 1951
REGISTRAR'S SIGNATURE: A. L. Lewis M. D.
24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace Md

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

S1651

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural — LENGTH OF STAY (In this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	H.	Johnson	Aug	30	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	W	M	Jan-8-1889	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Employed	Marion Va	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tom Johnson	Mollie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	216-24-1953	Mrs Jennie Johnson Bel Air Md RT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound L. chest — none

976X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
164c (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Bel Air	Harford	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
Aug	30	1951	a.m.			Shot self.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident ☐, suicide X homicide __, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	M D Deputy Medical Examiner	Hayes & Bel Air Md	8/31/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 2/51	Bel Air Memorial Gardens	Bel Air Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/51	Priscilla Foxwood	Joseph J Soltis	Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08061

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) C (Last) Jones

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: Feb. 27 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Hugh A Joner

14. MOTHER'S MAIDEN NAME: Cornelia Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs. Virginia Wilson

18. MEDICAL CERTIFICATION — Darlington Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	36 hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Diabetes Mellitus	10 yrs.
	(c) Ch. Cardio-Vascular disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast (left)

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Aug. 21, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D		Forest Hill Md	Aug 22, 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 23 1951	Darlington Cem	Harford Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 22, 1951	C. H. Kirk	H. L. Bailey	Darlington, Md

VS A13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

A-062

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 137 W High St

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B. (Last) Kirk
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M.	Wh.	Married	Nov. 11, 1883	67 yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Clerk	Paper Mill	Bethel Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kirk	Elizabeth Bedwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	213-05-6143	Franklin Kirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 (c) 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer M D Deputy Medical Examiner	Harford Co. Belair Md	8/5/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 8, 1951	Faith Cemetery	near Chesapeake City Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 6	W.A.L. LEWIS	H. Rippin & Son	Elkton Md.

390 426

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pylesville Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pylesville Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) D. (Last) Knight

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov 16, 1866

9. AGE last birthday: 85 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY: U S

13. FATHER'S NAME: Wm Knight

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mr Main Knight

18. MEDICAL CERTIFICATION — Darlington Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary artery occlusion	4 Hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	
	(c)	

420.1
911.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 25, 1957, to Aug. 31, 1957, that I last saw the deceased alive on August 31, 1957, and that death occurred at 1 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Charles D. Noll M.D. | Street Md. | 8-31-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept 2 1957 | NAME OF CEMETERY OR CREMATORY: Darlington Cem | LOCATION (City, town, or county) (State): Harford Co Md

DATE REC'D BY LOCAL REG.: Sept. 1, 1957 | REGISTRAR'S SIGNATURE: C.K. Kirk | **24. FUNERAL DIRECTOR** ADDRESS: H. L. Bailey Darlington Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

8064

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 40 - Aberdeen, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash.
STREET ADDRESS (If rural, give location) 1622 O Street N.W.

3. NAME OF DECEASED (Type or Print): (First) VIOLA (Middle) (Last) MARSHALL.
4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1951
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 11-10or11-1915
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mc Bean, Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Simon Moore
14. MOTHER'S MAIDEN NAME: Catherine Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-40-5627
17. INFORMANT: Arvania Stanback-740 Howard Rd.S.E. Apt.#

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Granulomatous myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Stanley K. Dunbar Ass't. Medical Examiner-700 Fleet St. August 27, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF aug 31st 1951 — NAME OF CEMETERY OR CREMATORY Payne Cemetery — LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Henry Tarrant & Sons — ADDRESS Aberdeen Md.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Warren Street

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Beatrice (Last) Merchant

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 14, 1918

9. AGE last birthday: 32 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nurse

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Merchant Sr.

14. MOTHER'S MAIDEN NAME: Beatrice Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Beatrice Merchant, Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis, generalized	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of vulva & cervix	13 months
	(c)	

171X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: July 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix - grade IV

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July, 1950, to 12 Aug, 1951, that I last saw the deceased alive on 12 Aug, 1951, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

SIGNATURE: Louis D. Dolce (Degree or title) Physician ADDRESS 419 Congress Ave - Havre de Grace DATE SIGNED 13 Aug '51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug 15, 1951; NAME OF CEMETERY OR CREMATORY: St. James Cemetery; LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Aug. 14-1951; REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Elmer Bullock - Havre de Grace ADDRESS

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) J. (Last) Moscato

4. DATE OF DEATH: (Month) Aug. (Day) 24, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/23/1907

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Motel

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Moscato

14. MOTHER'S MAIDEN NAME: Josephine Gagliano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Helen V. Moscato, Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94 a	(b) Coronary heart disease	10 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to Aug., 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE: J. Rae per Holy Mc (Degree or title) ADDRESS: Churchill Md DATE SIGNED: Aug 24 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 27 1951
NAME OF CEMETERY OR CREMATORY: St. Francis
LOCATION (City, town, or county) (State): Abingdon, Harford Md.

DATE REC'D BY LOCAL REG.: Aug 27, 1951
REGISTRAR'S SIGNATURE: Mame M. Mondale
24. FUNERAL DIRECTOR: Howard H. McComas & Son
ADDRESS: Abingdon, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Pennington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keokee, Va.; STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print): (First) Ledford (Middle) (Last) Parsons

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 21 March 1930

9. AGE last birthday: 21 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: Army

11. BIRTHPLACE (State or foreign country): Keokee, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Uknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war, or dates of service): Current

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Personal Papers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Contusion	27 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

E816.5 E170

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Multiple Comminated Skull Fractures

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway Rte 40 — (CITY OR TOWN) Baltimore (COUNTY) (STATE) Md.

TIME OF INJURY (Month) Aug (Day) 5 (Year) 1951 (Hour) 2:30 A.M. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Auto collision on rte #40 c other m to rich

22. I hereby certify that I attended the deceased from 5 Aug, 19 51, to 6 Aug, 19 51, that I last saw the deceased alive on 6 Aug, 19 51, and that death occurred at 0600 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Commissioned Officer USA — ADDRESS: USAH APG Md. — DATE SIGNED: 6 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/7/51 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town or county) (State): Pennington, Va

DATE REC'D BY LOCAL REG. Aug. 7-1951 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son, Hancock, Md.

VS. A4b

RECEIVED
AUG 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville; LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) Lee (Last) Preston

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 4, 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months 8; Days 15; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Bel-Air, Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Harry Preston

14. MOTHER'S MAIDEN NAME: Sara J. Ammerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sara J. Preston, Fallston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocardial Disease

420.1 972

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Sudden death; (b) 5-6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1941, to Feb 2, 1947, that I last saw the deceased alive on Feb 2, 1947, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard L. Hudson M.D Forest Hill Md 8/21/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 22, 1951

NAME OF CEMETERY OR CREMATORY: Jarrettsville

LOCATION (City, town, or county) (State): Jarrettsville, Md

DATE REC'D BY LOCAL REG. 8/21/51

REGISTRAR'S SIGNATURE: Priscilla Fallwood

24. FUNERAL DIRECTOR ADDRESS: Martin G. Kurtz, Jarrettsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08869

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) A (Last) Sagner

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 31, 1947

9. AGE last birthday: 4 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Martin Howard Sagner

14. MOTHER'S MAIDEN NAME: Dorothy V. Kirtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Mrs. M. A. Sagner Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull — Interval between Onset and Death: none

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c)

812.5

170a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) Street | (COUNTY) Harford | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 31 1951 4 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY Ooccur? Grandfather ran over him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Fred C Paine M.D. | (Degree or title): Deputy Medical Examiner | ADDRESS: Harford Co. Md. | DATE SIGNED: 9/11

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 3 1951 | NAME OF CEMETERY OR CREMATORY: Emory Cem | LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Sept 1, 1951 | REGISTRAR'S SIGNATURE: C. A. Wilson | 24. FUNERAL DIRECTOR: H. S. Bailey | ADDRESS: Darlington, Md

VS.-A16A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6010

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York
STREET ADDRESS (If rural, give location) 131 Avenue A

3. NAME OF DECEASED (Type or Print) (First) PETER (Middle) (Last) SCHLOSS
4. DATE OF DEATH (Month) August (Day) 6 (Year) 51
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, [illegible] (Specify) Single
8. DATE OF BIRTH 3 Dec 1928
9. AGE last birthday 22 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY US Army
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME [illegible] William Schloss
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Current
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Personal Papers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of skull with extrusion severe laceration of brain

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

8165
170 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 40 & 7
(CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Aug (Day) 6 (Year) 51 (Hour) 2:30 A
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from DOA, 19..., to DOA, 19..., that I last saw the deceased alive on DOA 8/6/, 19 51, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS USAH APG DATE SIGNED 6 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 7-51
NAME OF CEMETERY OR CREMATORY Peter Jaegar Funeral Home
LOCATION (City, town, or county) (State) 1298 7th St New York

DATE REC'D BY LOCAL REG. 8-7-57
REGISTRAR'S SIGNATURE C W Bedrick
24. FUNERAL DIRECTOR Earl B Wolverton
ADDRESS 403-E-25th St Baltimore, 18-Md.

Item 9 FilmG135 9/6/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmyra; MARYLAND; LENGTH OF STAY (in this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin Md.; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) — (Last) SCHWEIKART

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 28-1860

9. AGE last birthday: 91 90 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Walker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Harry Schweikart Baldwin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50

(b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch Cardiovascular Disease ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 23, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard R. Hudson M.D. — ADDRESS: Forest Hill Md — DATE SIGNED: 8-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 27-51 — NAME OF CEMETERY OR CREMATORY: Fork M. E. — LOCATION (City, town, or county) (State): Fork Md.

DATE REC'D BY LOCAL REG. 8/26/51 — REGISTRAR'S SIGNATURE: Priscilla Howard — 24. FUNERAL DIRECTOR: C. E. Cullum — ADDRESS: Fork Md.

VS. A15

Item 3 FilmG135 9/18/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF (Type or Print): (First) B (Middle) Burton (Last) Smith

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: March 27, 1951 — 8b. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs Helper Grocery — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Harford Co, Md. — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard G. Smith — 14. MOTHER'S MAIDEN NAME: Casandra B

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aplastic Anemia — 1 yr.

450.0 Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Generalized Arteriosclerosis — 6 yrs.

77 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Aug 26, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Malcolm Dudley Riddle MD — Darlington Md — 8/26/51

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — Aug 28, 1951 — Darlington Cem — Harford Co, Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Aug 27, 1951 — C. H. Kirk — H. O. Bailey — Darlington, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 5-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina; COUNTY Surry; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy; STREET ADDRESS (If rural, give location) RD # 2

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Moorefield (Last) Stevens

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1957

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 18th 1923

9. AGE last birthday: 28 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Freight Lines

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Stevens

14. MOTHER'S MAIDEN NAME: Alice Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Moody Funeral Home Mt Airy N.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 3rd Degree Burns, entire body — Interval between onset and death: none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 28 1957 1:30 p.m. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Auto accident, followed by fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lewis C Palmer M.D. Deputy Medical Examiner Harford County, Md. 8/28/57

23. BURIAL, CREMATION REMOVAL (Specify) Removal; DATE THEREOF Aug 28-1957; NAME OF CEMETERY OR CREMATORY Mid Riff Cemetery; LOCATION (City, town, or county) (State) Mt Airy, N. Carolina

DATE REC'D BY LOCAL REG. 8-29-57; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Henry Tarring & Sons Aberdeen Md.

VS: A15A

MARYLAND STATE DEPARTMENT OF HEALTH

5074

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY in this place) D. O. A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lapidum; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Lawrence (Last) Tregembo Jr.

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 57 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 16 1951

9. AGE last birthday: 6 Wks. (If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Havre de Grace

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Richard L. Tregembo Sr.

14. MOTHER'S MAIDEN NAME: Pearl Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Richard L. Tregembo, Lapidum Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Septicemia

due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Impetigo

695 X '53

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chief Clinical Pathology Medical Examiner Harford Memorial 9/1/57

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF 9/2/57

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 2 - 1957

REGISTRAR'S SIGNATURE C. L. Lewis M. D.

FUNERAL DIRECTOR Cunningham & Son

ADDRESS Havre de Grace Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural; LENGTH OF STAY (in this place) 31yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) C. (Last) Wallace

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Jan. 30 1869

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Johnson Co. Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Paul Wallace Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 min

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Generalized Arteriosclerosis — 10-15 yrs.

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Aug 15, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: Malcolm Dudley Phillips (Degree or title) MD — ADDRESS: Darlington Md — DATE SIGNED: 8/16/51

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: August 17 1951 — NAME OF CEMETERY OR CREMATORY: Mt. City Tenn — LOCATION (City, town, or county) (State): Tennessee

DATE REC'D BY LOCAL REG.: August 16, 1951 — REGISTRAR'S SIGNATURE: C. A. Kirk

24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 18 — 176

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: North Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Jefferson
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) L (Last) Walters
4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: may 2 1927
9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Freight lines
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James H Walters
14. MOTHER'S MAIDEN NAME: Fennie (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Moody Funeral Home Mt Airy NC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 3rd Degree Burns, entire b body — none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Highway
(CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 28 1951 1:30 A m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY occur? An accident followed by fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ewell C Priner M.D. Deputy Medical Examiner Harford County Bel Air Md. 8/28/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 28 1951 — NAME OF CEMETERY OR CREMATORY West Jefferson cemetery — LOCATION (City, town, or county) West Jefferson, NC (State)

DATE REC'D BY LOCAL REG. Aug 29 51 — REGISTRAR'S SIGNATURE Nellie Gray

24. FUNERAL DIRECTOR — ADDRESS: Henry Lowry & Sons Aberdeen Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08077

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-4

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston — LENGTH OF STAY (in this place) 79 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) S. MARTHA (Middle) (Last) WATSON

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 9, 1872

9. AGE last birthday: 79 yrs. — If under 1 year Months / Days 8 — If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping

10b. KIND OF BUSINESS OR INDUSTRY: For self

11. BIRTHPLACE (State or foreign country): Fallston, Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm. T. Watson

14. MOTHER'S MAIDEN NAME: Elizabeth Amoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Miss Rebecca Watson, Fallston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — 7 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Chr. Cardio-Vascular Disease — ?

422.1 / 73.2 — (c) Spastic Colitis — 15 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1939, to Aug. 17, 1951, that I last saw the deceased alive on Aug. 17, 1951, and that death occurred at 10:50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill, Md 8-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 20, 1951 — NAME OF CEMETERY OR CREMATORY: Little Falls Meeting — LOCATION (City, town, or county) (State): Fallston, Harford Co. Md.

DATE RECD BY LOCAL REG. 8/18/51 — REGISTRAR'S SIGNATURE: Priscilla Fowood

24. FUNERAL DIRECTOR — ADDRESS: Martin L. Kurtz, Jarrettsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): John D. Weibert
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Aug. 6, 1865
9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer on Farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: David Weibert
14. MOTHER'S MAIDEN NAME: Elizabeth Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS: Mr. Harry Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval between onset and death: 6da

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
422.1 x 1
(b) Chr. Cardio-Vascular Disease —
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 1951, to Aug. 26 1951, that I last saw the deceased alive on Aug. 24, 1951, and that death occurred at 1:32 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson M.D. Forest Hill, Md 8-26-51

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Aug 28 1951 Rock Run Cem Harford Co Md

DATE REC'D BY LOCAL REG. Aug 27 REGISTRAR'S SIGNATURE Priscilla Attwood

24. FUNERAL DIRECTOR ADDRESS
H. L. Bailey Darlington, Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1951)

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street; STREET ADDRESS (If rural, give location) RD #1

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Ernest (Last) Wells

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 7 1900

9. AGE: 51 (Years) (Months) (Days) (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Chicken farm owner of farm

11. BIRTHPLACE (State or Foreign Country): Harford County, Md. (City) (State) (Country) WHAT U.S.

13. FATHER'S NAME: Henry Wells

14. MOTHER'S MAIDEN NAME: Martha Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; If yes, give war or dates of service: No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS – wife: Pauline Wells – Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 3 days

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Tuberculosis, Pulmonary — 20 yrs.

(c) Generalized Arteriosclerotic C.V.D. — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 51, to Aug 10, 1951, that I last saw the deceased alive on Aug 10., 1951, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Malcolm Dudley Phillips MD Darlington Md 8/13/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: August 15, 1951; NAME OF CEMETERY OR CREMATORY: Clark Chapel Cem; LOCATION (City, town, or county) (State): Harford Co., Md.

DATE REC'D BY LOCAL REG.: Aug. 15=1951; REGISTRAR'S SIGNATURE: C. L. Lewis M.D.; 24. FUNERAL DIRECTOR: H. S. Bailey; ADDRESS: Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1 (15)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) E (Last) Westerblad

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 11, 1881

9. AGE last birthday: (70) 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: C. Reed Gourdar

14. MOTHER'S MAIDEN NAME: Martha Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs Marion Garretson Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cerebral Hemorrhage — Interval Between Onset and Death: 7 yrs.

331 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 17 yrs.

830 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 49, to Aug 24, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 8.30 P. m., from the causes and on the date stated above.

SIGNATURE: Malcolm Dudley Phillips (Degree or title) MD ADDRESS Darlington Md DATE SIGNED 8/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 26, 1951 — NAME OF CEMETERY OR CREMATORY: Darlington Cem — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Aug. 26, 1951 — REGISTRAR'S SIGNATURE: C. A. Kirk

24. FUNERAL DIRECTOR: H. L. Bailey — ADDRESS: Darlington Md.

VS-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08081

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A14

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) R.D. Box 273

3. NAME OF DECEASED (Type or Print): (First) CHRISTOPHER (Middle) CHARLES (Last) WHITE

4. DATE OF DEATH: (Month) AUGUST (Day) 31 (Year) 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: AUGUST 31, 1957

9. AGE last birthday: yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours 6 | Min. 39

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM HAROLD WHITE

14. MOTHER'S MAIDEN NAME: CATHERINE WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wm. Harold White, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RESPIRATORY FAILURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CONGENITAL HEART DEFECT

7544 57e

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 AUG., 1957, to 31 AUG., 1957, that I last saw the deceased alive on 31 AUG., 1957, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

C.B. Ormerod III M.D. | Havre de Grace Md | 8-31-57

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Sept. 1, 1957 | West Nottingham | Colora Cecil Co. Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Sept-1-1957 | G. L. Lewis M.D. | Vera Patterson & Son | Perryville, Md.

20831132 4404

RECEIVED
SEP 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08082

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/8

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Brandt (Last) Young

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Feby 14-1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Secy Retired Mutual Hardware Fire Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John A Young

14. MOTHER'S MAIDEN NAME: Kate Brandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Ethel G Young Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	30 HOURS
331/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 332	(b) APOPLEXY OR CEREBRO-VASCULAR ACCIDENT	1 WEEK
	(c) HYPERTENSION - SEVERE ARTERIOSCLEROSIS	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 47, to AUG ..., 19 51, that I last saw the deceased alive on 14 AUG., 1951, and that death occurred at 8⁰⁴ P m., from the causes and on the date stated above.

SIGNATURE: W. P. Sedwell (Degree or title) M. D. ADDRESS: Bel Air Md DATE SIGNED: 16 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF: Aug 16/51

NAME OF CEMETERY OR CREMATORY: Mt Zion

LOCATION (City, town, or county) (State): Fountain Green, Harford Md

DATE REC'D BY LOCAL REG. 8/16/51

REGISTRAR'S SIGNATURE: Priscilla Forword

24. FUNERAL DIRECTOR: Joseph T Foster ADDRESS: Bel Air md

4/50736

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AUG 20 1951
BUREAU V. S.